

# Asthma Workbook

For more information visit: [dphhs.mt.gov/asthma](http://dphhs.mt.gov/asthma)



Use this workbook to get the most out of your MAP visits.  
Working together, we CAN control asthma!

# Using this workbook

Thank you for participating in the Montana Asthma home visiting Project (MAP). We hope this program helps you and your child understand asthma better and gives you the tools to take control of your child's condition. This workbook contains a lot of useful information and handouts. You, your child and the home visiting nurse will use this workbook to keep track of information over the course of the six MAP visits. Make sure to have it ready every time the nurse visits. We hope you find the information useful and easy to use!

For more information on asthma visit:

Montana Asthma Control Program: <http://dphhs.mt.gov/asthma>

The American Lung Association: [www.lung.org](http://www.lung.org)

Asthma and Allergy Network: [www.aanma.org](http://www.aanma.org)

Asthma and Allergy Foundation of America: [www.aafa.org](http://www.aafa.org)

Best of luck on your journey to control asthma!

-The Montana Asthma Control Program staff



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# Initial Visit: Parent or Guardian

When your child has an asthma attack, what are his or her main symptoms?

1. \_\_\_\_\_ 2. \_\_\_\_\_

List your child's asthma medications

Rescue: \_\_\_\_\_ Controller \_\_\_\_\_

Possible triggers found in your home

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

## To do before next visit:

List one thing you will do to reduce or remove an asthma trigger in your home.

\_\_\_\_\_

Schedule visit with doctor

Work with doctor to write or update the asthma action plan

Talk to the school/daycare about your child's asthma

Give asthma action plan to the school/daycare

Keep asthma symptom diary

Give your child controller medication every day

Dose \_\_\_\_\_ Times/day \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

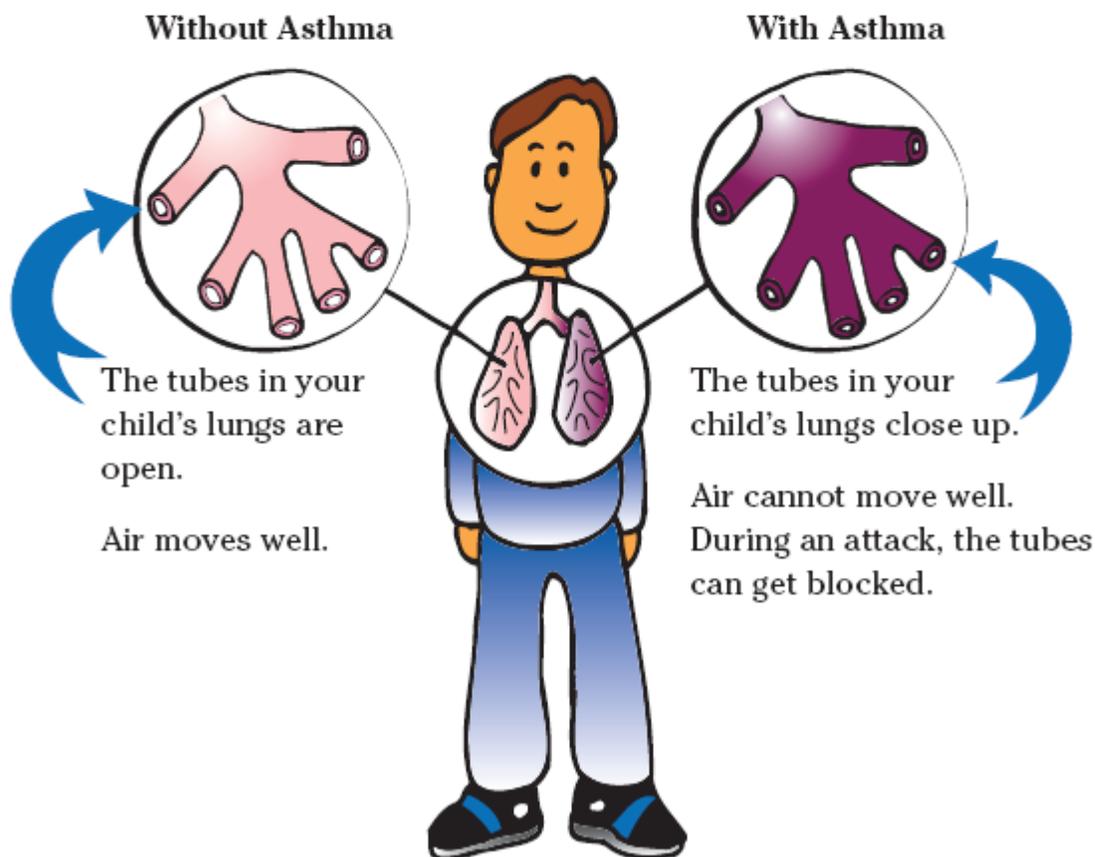




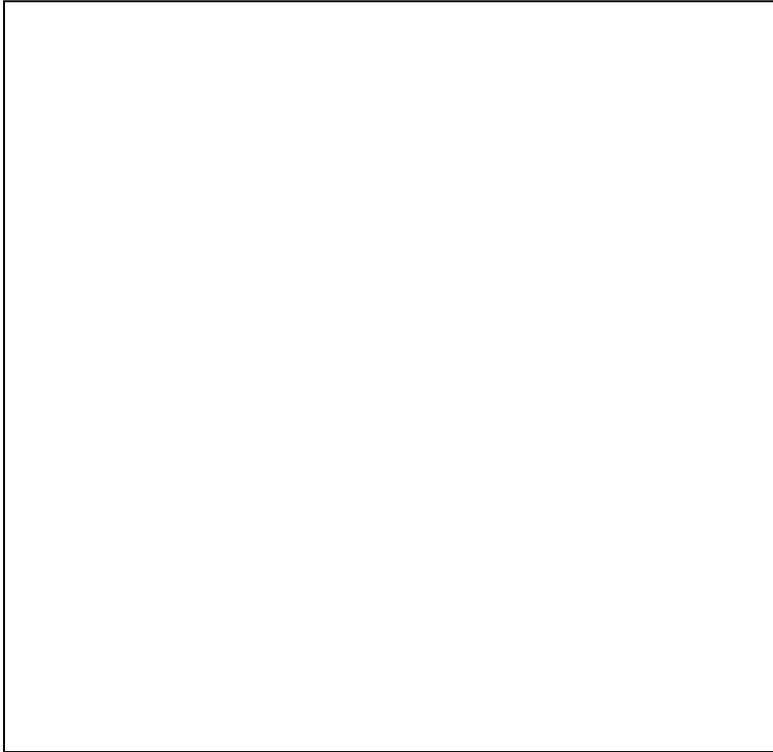
# What happens with asthma?

**The tubes, also called bronchi (BRONK-eye), that carry air in and out of your child's lungs become swollen or "inflamed." This makes it hard for your child to breathe.**

When your child has an asthma attack, the tubes that carry air can get more narrow. It gets even harder for your child to breathe.

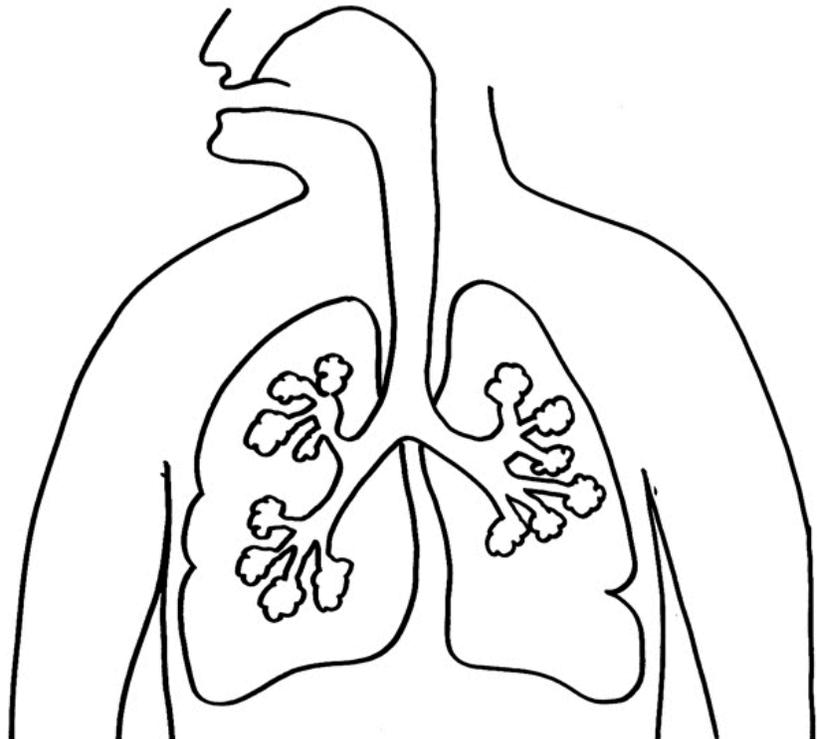


# Initial Visit: Child



Draw a picture of how you feel when you have an asthma attack. What are your symptoms?

Color the picture of the lungs. Can you point out the trachea, airways and alveoli?



# Statewide Resources

## **Child Care Assistance**

- Provides childcare scholarships to qualified families
- Phone Number: (in Hill County) 1-800-640-6743; (in Lewis & Clark County) 1-888-244-5368; (in Missoula County) 1-800-728-6446
- Website: <http://childcaresolutionsmt.org/families/child-care-scholarships>

## **Healthy Montana Kids (HMK)**

- Provides low-cost health coverage for eligible Montana children up to age 19
- Phone Number: (statewide) 1-877-KIDSNOW (in Hill County) 406-265-4348; (in Lewis & Clark County) 406-444-1700; (in Missoula County) 406-329-1200
- Website: <http://hmk.mt.gov>

## **Low Income Energy Assistance Program (LIEAP)**

- Can pay part of winter energy bills
- Phone Number: 1-800-332-2272
- Website: <http://www.dphhs.mt.gov/programsservices/energyassistance/>

## **Montana Legal Services Association**

- Provides free legal assistance in civil cases in Montana
- Phone Number: 1-800-666-6899
- Website: <http://mtlsa.org/>

## **Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)**

- Helps purchase healthy foods for pregnant mothers and children
- Phone Number: 1-800-433-4298
- Website: <http://wic.mt.gov>

## **Supplemental Nutrition Assistance Program (SNAP)**

- Provides supplemental food assistance
- Phone Number: (in Hill County) 406-265-4348; (in Lewis & Clark County) 406-444-1700; (in Missoula County) 406-329-1200
- Website: <http://www.dphhs.mt.gov/hcsd/snap/>

## **Temporary Assistance for Needy Families (TANF)**

- Provides temporary financial assistance
- Phone Number: (in Hill County) 406-265-4348; (in Lewis & Clark County) 406-444-1700; (in Missoula County) 406-329-1200
- Website: <http://www.dphhs.mt.gov/hcsd/tanf/tanfeligibility.shtml>

## **Weatherization Program**

- Helps participants improve the heating efficiency of their homes and save energy
- Phone Number: 1-800-332-2272
- Website: <http://www.dphhs.mt.gov/programsservices/energyassistance/>

# One month visit: Parent or guardian

What are the three main things you notice that trigger your child's asthma?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List any successes or challenges you have had reducing or removing triggers.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

List any places the child is exposed to second hand smoke

\_\_\_\_\_  
\_\_\_\_\_

List any questions or observations you have about your child's asthma.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Before next visit:

List anything you might do before the next visit to keep triggers away from your child

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Talk to family members or friends about not smoking around your child

Schedule visit with doctor

Keep asthma symptom diary

Give your child controller medication every day

Dose \_\_\_\_\_

Times/day \_\_\_\_\_

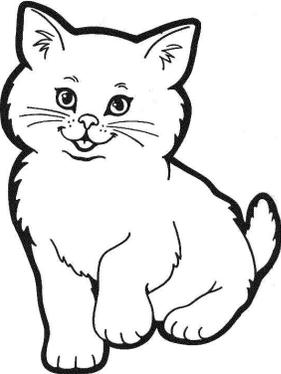
Other \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



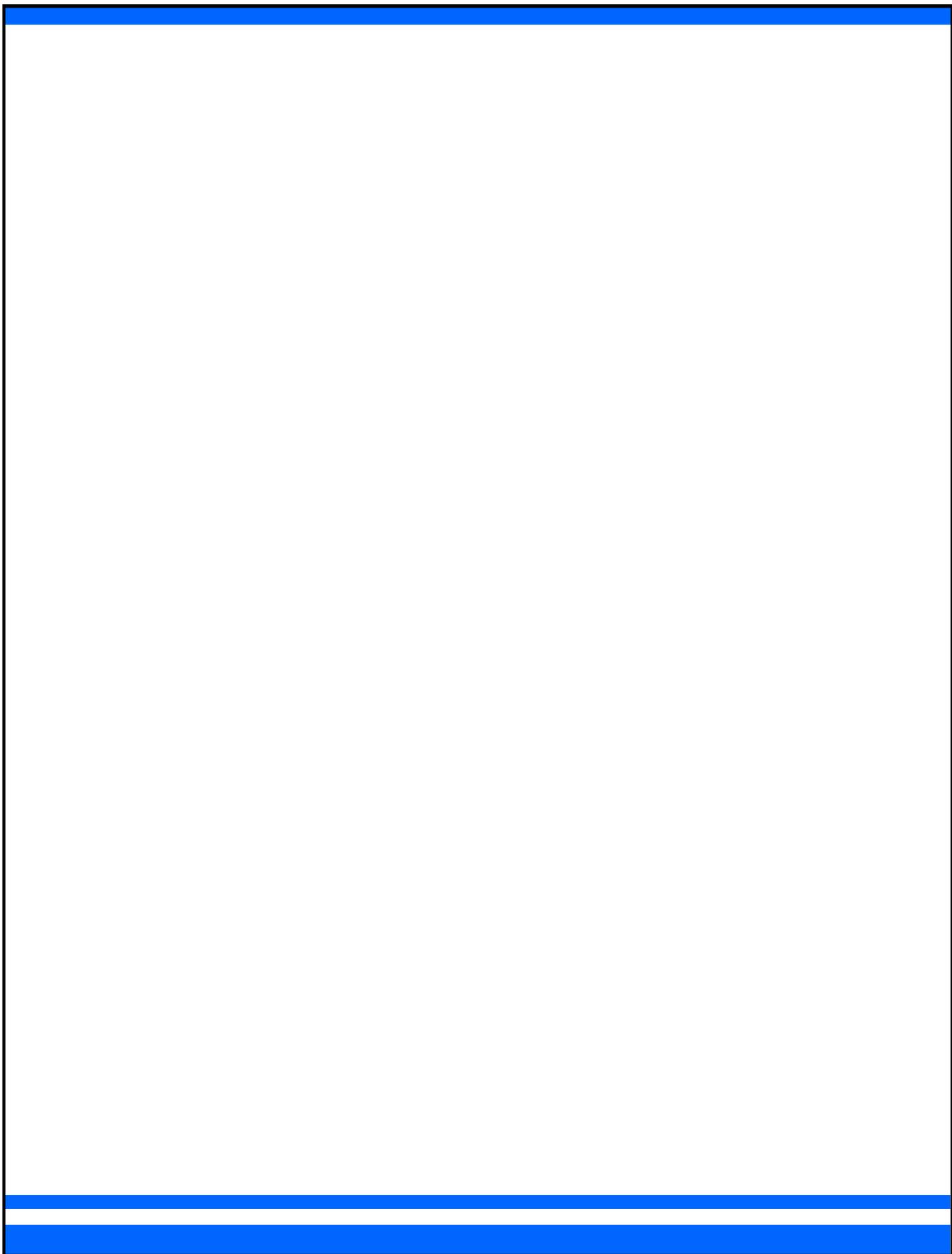


# One month visit: Child



Circle or color any of the things that make your asthma worse. What other things are asthma triggers for you?





# Three Month Visit: Parent or Guardian

Do you have any questions for the nurse about your child's asthma?

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List any concerns you have about your child's asthma:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

List any improvements you've noticed in your child since beginning this program.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

## Before next visit:

Schedule doctor's visit

Ask doctor to update asthma action plan

Do \_\_\_\_\_ to reduce or remove an asthma trigger

Talk to family members or friends about not smoking around your child

Work with doctor to write or update the asthma action plan

Talk to the school/daycare about your child's asthma

Keep asthma symptom diary

Give your child controller medication every day

Dose \_\_\_\_\_

Times/day \_\_\_\_\_

Other

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# Three Month Visit: Child

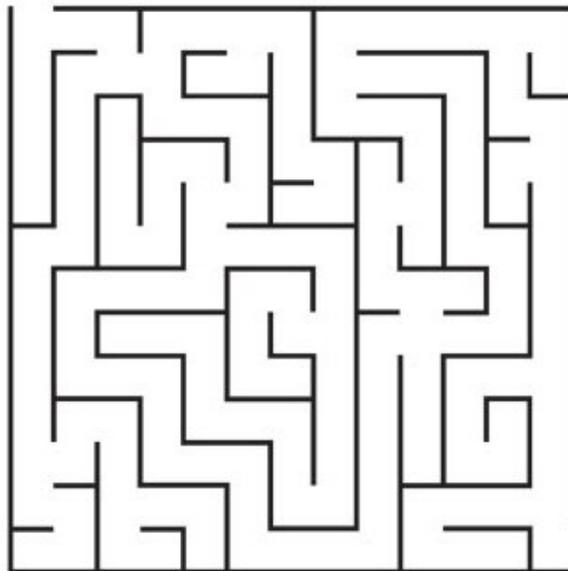
G F A H I W Y O I  
E Q L M W A W H I  
Z X O R H S F T N  
E E G U V T R Y H  
E X E R C I S E A  
H H Z V G U U A L  
W R D G U F J U E  
Z L E P I V R Q R  
H R L O R T N O C

Circle these words in the puzzle:

- asthma
- exercise
- trigger
- control
- wheeze



START



FINISH



# Six Month Visit: Parent or Guardian

Do you have any questions for the nurse about your child's asthma?

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List any concerns you have about your child's asthma:

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

List any improvements you've noticed in your child since beginning this program.

1. \_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_

## Before next visit:

Schedule doctor's visit

Ask doctor to update asthma action plan

Do \_\_\_\_\_ to reduce or remove an asthma trigger

Talk to family members or friends about not smoking around your child

Work with doctor to write or update the asthma action plan

Talk to the school/daycare about your child's asthma

Keep asthma symptom diary

Give your child controller medication every day

Dose \_\_\_\_\_

Times/day \_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

**Your child has been in the MAP for 6 months! Thank you for helping your child learn more about asthma and take control.**





## Six Month Visit: Child

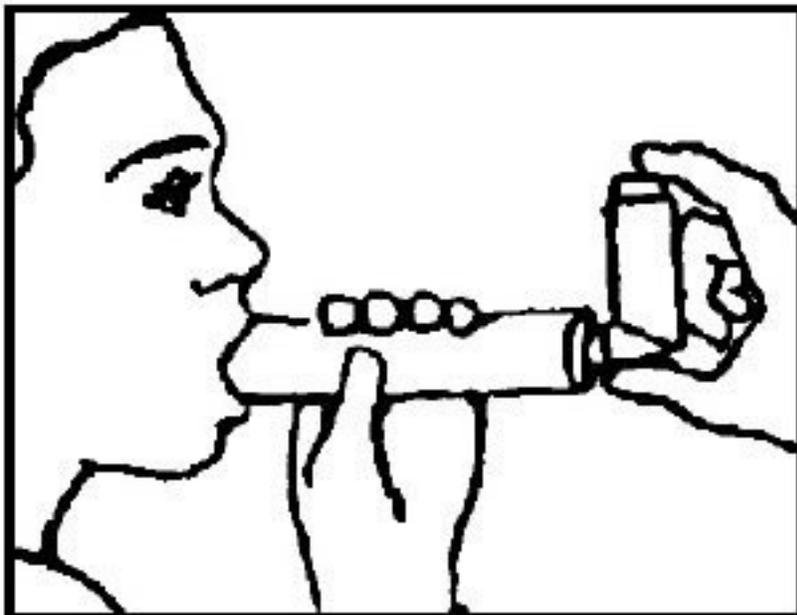
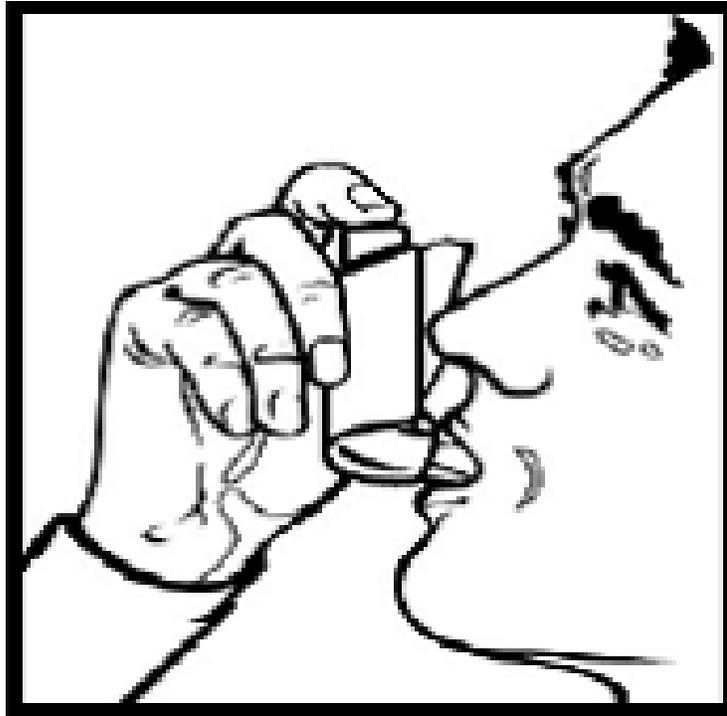
Do you remember the two types of asthma medications?

**Rescue medication:**

- Stops an asthma attack fast
- Keeps an attack from getting worse

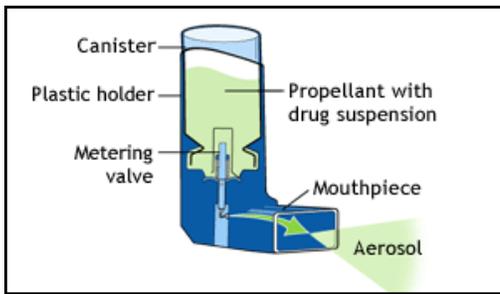
**Controller medication:**

- Is taken every day
- Helps prevent an attack
- Does not stop an attack once it is started



Color the pictures of the boy using his inhaler and spacer.

Can you use your inhaler correctly? Show the nurse how you do it!



## Use of a Metered Dose Inhaler without a Spacer

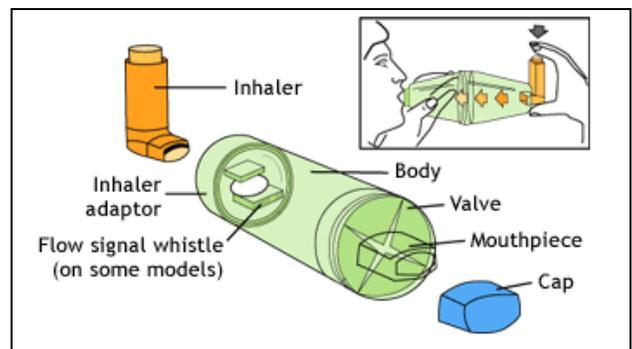
Most asthma rescue medications come in the form of metered dose inhalers (MDI). A metered dose inhaler is a pressurized canister of medicine that is sprayed through a mouthpiece. Follow these simple steps to properly use a MDI.<sup>10</sup>

1. Remove cap and shake inhaler
2. Tilt head back and breathe out
3. Place inhaler in your mouth, between your teeth, and close lips tightly around it
4. Compress the canister
5. Breathe in slowly for 3-5 seconds
6. Hold breath for 5-10 seconds
7. Wait at least one minute and repeat puffs as recommended by healthcare provider

For more information on using MDIs, visit [www.aafa.org/pdfs/QuickAsthma\\_Inhalers.pdf](http://www.aafa.org/pdfs/QuickAsthma_Inhalers.pdf).

## Proper use of a Metered Dose Inhaler with a Spacer

Ideally, rescue medication should be taken using a spacer. A spacer is an attachment for the inhaler that makes it easier to use and can help the student inhale more medication. To properly use a spacer:<sup>10</sup>



1. Remove the mouthpiece, attach the spacer to the MDI and shake 4-5 times
2. Take in one breath and exhale
3. Close lips firmly around the spacer mouthpiece. If the spacer has a mask, place the mask firmly over the mouth and nose.
4. Press the inhaler and immediately breathe in through your mouth, slowly and deeply
5. Hold your breath for five to ten seconds, take spacer away from mouth and breathe out normally; repeat puffs as recommended by healthcare provider

For more information on the use of spacers, visit [www.aafa.org/pdfs/quickspacercard.pdf](http://www.aafa.org/pdfs/quickspacercard.pdf).

# 9 month visit: Parent or Guardian

Do you have any questions for the nurse about your child's asthma?

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List any concerns you have about your child's asthma:

1. 

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2. 

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List any improvements you've noticed in your child since beginning this program.

1. 

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2. 

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## Before next visit:

Schedule doctor's visit

Ask doctor to update asthma action plan

Do \_\_\_\_\_ to reduce or remove an asthma trigger

Talk to family members or friends about not smoking around your child

Work with doctor to write or update the asthma action plan

Talk to the school/daycare about your child's asthma

Keep asthma symptom diary

Give your child controller medication every day

Dose \_\_\_\_\_

Times/day \_\_\_\_\_

Other \_\_\_\_\_

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# 9 month visit: Child

Color your asthma zones!

Green



Yellow



Red



List two things you should do if you are in the yellow zone.

List two things you should do if you are in the red zone.

# Final visit: Parent or Guardian

Do you have any questions for the nurse about your child's asthma?

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List any concerns you have about your child's asthma:

1. \_\_\_\_\_
2. \_\_\_\_\_

List any improvements you've noticed in your child since beginning this program.

1. \_\_\_\_\_
2. \_\_\_\_\_

## Keep it up! Remember to:

Have your child see a doctor 2 times per year for regular check ups, and more often if his or her asthma is not in control

Have the doctor update the asthma action plan every year

Continue to do \_\_\_\_\_ to reduce or remove asthma triggers

Keep a smoke free home and car at all times

Bring an updated asthma action plan to your child's school or daycare every year

Keep track of your child's symptoms and report any changes to their doctor

Give your child controller medication every day

Dose \_\_\_\_\_ Times/day \_\_\_\_\_

Other \_\_\_\_\_

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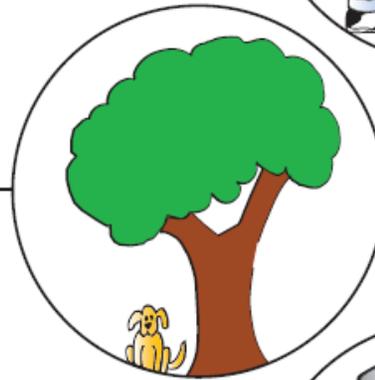


## Five steps to remember

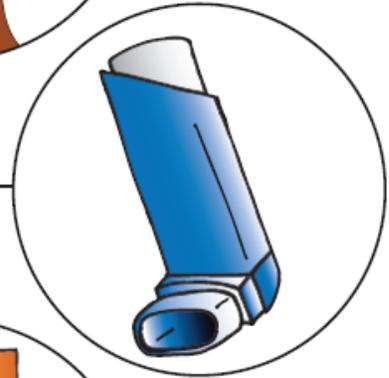
**Step 1:** Check your child's asthma every day



**Step 2:** Know your child's asthma triggers and control them



**Step 3:** Give medicines the right way



**Step 4:** Tell others about your child's asthma



**Step 5:** Be a partner with your child's doctor



## When your child's asthma is under good control

When asthma is under good control, your child:

- Has no attacks or warning signs.



- Can play or exercise.



- Can sleep through the night.



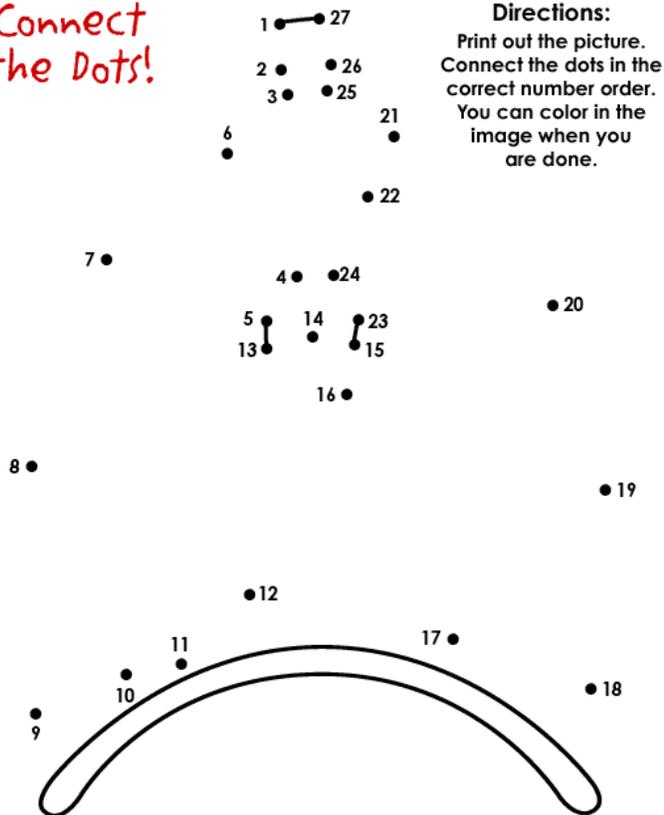
Your child can enjoy life more when asthma is under control.  
Don't let asthma hold your child back!



**Talk to the doctor if your child's asthma is not under good control.**

# Final visit: Child

Connect  
the Dots!



In the box, draw or write something you have learned about your asthma during your home visits.

# Asthma tools: Daily Symptom Diary

**Instructions:** Record the date, and for each category below, put a check in the box that best describes your symptoms on that date.

DATE							
<b>Sleep Problems Due to Asthma</b>							
Slept well (no symptoms)							
Trouble falling asleep							
Woke up twice or more with wheeze/cough							
Bad night, mostly awake with symptoms							
<b>Daytime Cough</b>							
None							
Occasional							
Frequent							
Continuous							
<b>Daytime Wheezing</b>							
None							
Mild							
Moderate							
Severe							
<b>Tightness in Chest</b>							
None							
Mild							
Moderate							
Severe							
<b>Shortness of Breath</b>							
None							
Mild							
Moderate							
Severe							

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

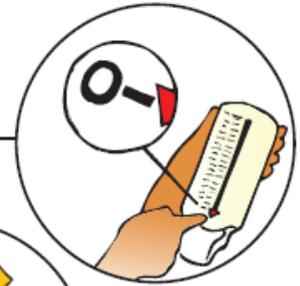
# Daily Symptom Diary Continued

DATE							
<b>Shortness of Breath</b>							
None							
Mild							
Moderate							
Severe							
<b>Breathlessness with Activity</b>							
None							
Mild							
Moderate							
Severe							
<b>Runny, Congested or Stuffy Nose</b>							
None							
Mild							
Moderate							
Severe							
<b>Fast-Acting Medication (rescue inhaler)</b>							
How many times did you use this each day:							
<b>Controller Medication</b>							
Check the box if you took the medication	AM						
	PM						
<b>Triggers:</b> List all of your known triggers below and check the box if exposed to it during the day							

## How should your child use the peak flow meter?

Your child should take these steps:

1. Move the pointer to zero.



2. Stand up.



3. Take a deep breath.



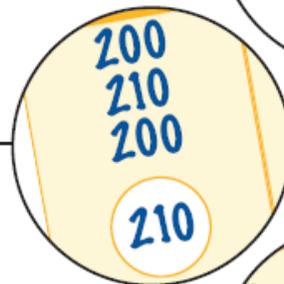
4. Close the lips around the mouthpiece.



5. Blow into the mouthpiece as hard and fast as they can in one blow.



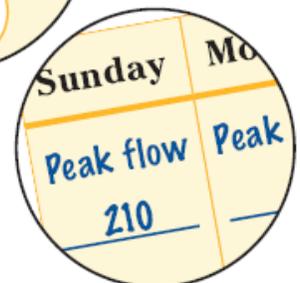
6. Write down the number you see on the meter.



Do this (steps 1–6) 3 times in a row.



**The highest number is your child's "daily" peak flow number. Write it on a calendar.**



## Your child's personal best peak flow number

Date Begin: \_\_\_\_\_



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ ____ ____ ____ ____ ____ ○ ○						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ ____ ____ ____ ____ ____ ○ ○						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
____ ____ ____ ____ ____ ____ ○ ○						

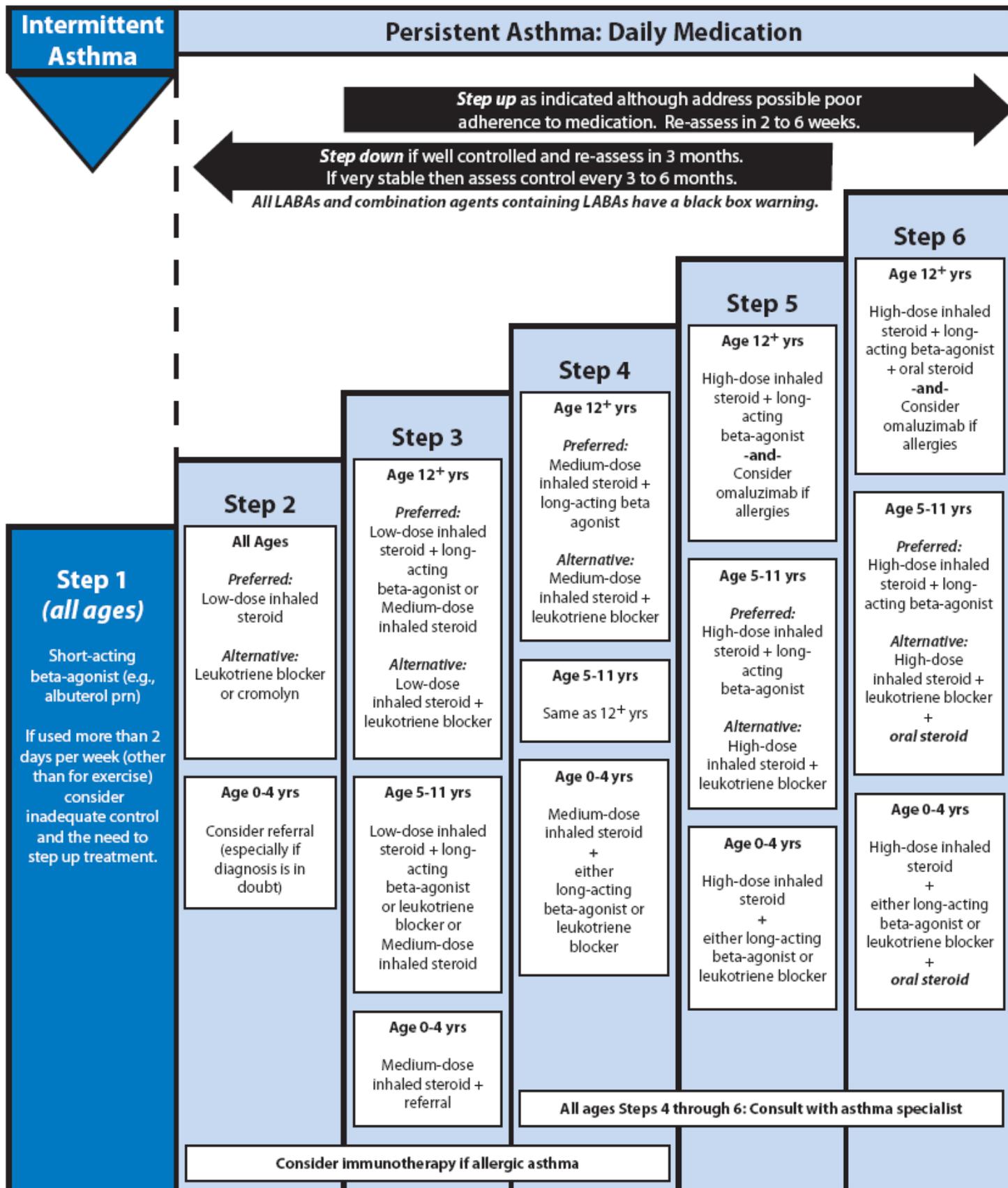
Date End: \_\_\_\_\_

Look in the circles. Find the highest number you wrote down.  
This is your child's personal best peak flow number.

Take this page with you to your child's doctor.

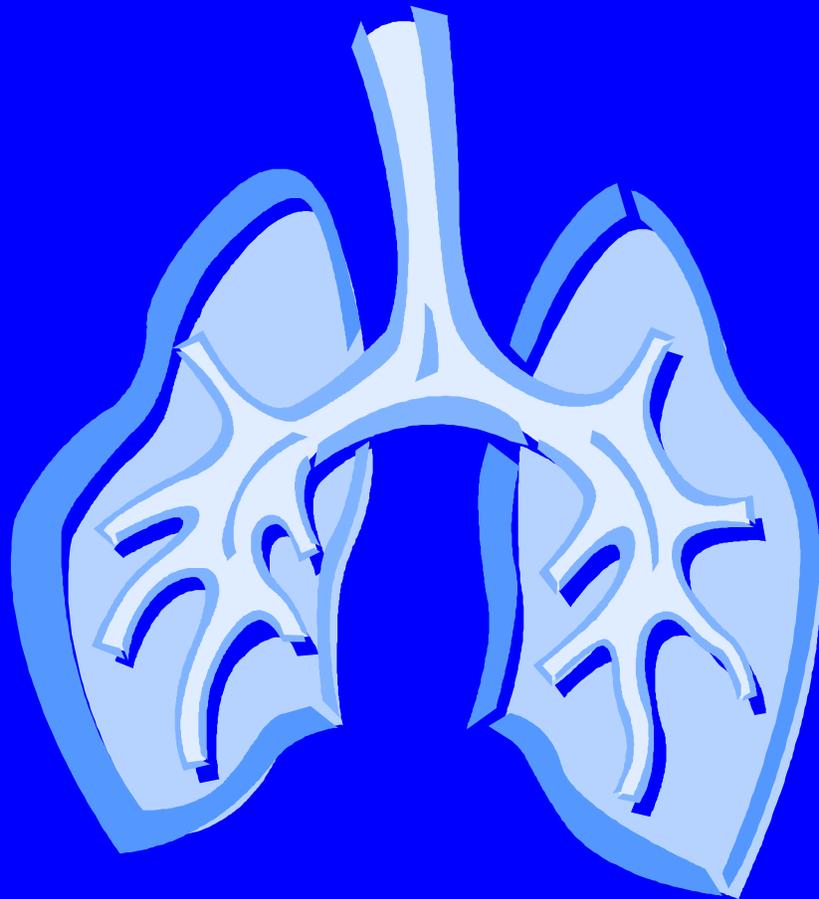
My child's personal best peak flow number is \_\_\_\_\_.

# Asthma Stepwise Approach





The Montana Department of Public Health and Human Services attempts to provide reasonable accommodations for any known disability that may interfere with a person participating in any service, program or activity of the Department. Alternative accessible formats of this document will be provided upon request. For more information call (406)-444-0995.



For more information visit: [dphhs.mt.gov/asthma](http://dphhs.mt.gov/asthma)